		€ Name (grice and frame)				,			•			· -			
TRA	OF CALIFO VEL 2 (REV. 6/9	EXPENSE CLAIM		See Instructions and *Privacy Statement on Reverse Side							1	of	1	Pages	
CLAIMA	NAN S'TW	Æ.	SSAN OR EMPLOYEE NUMBER*						*	Page DEPARTA	MENT				
Llo	oyd T	hrone				Com				Comm	unity S	Services a	nd Devel	opment	
OSITIO	NO		CB/ID NO.			DIVISION OR BUREAU					nunity Services and Development				
Director RESIDENCE ADDRESS*						Executive					0100/50010				
RESIDE	NCE ADD	PRESS*				HEADQUARTERS ADDRESS					TELEPHONE NUMBER				
						2389 Gateway Oaks Drive				ive	(916) 576-7113				
CITY			STATE ZIP CODE			Sacramento, CA					ZIP CODE 95833				
(1) MONTH/YEAR (3)		(4)	(5)	MEALS		(6)	(7)		TRANSPO	RTATIO		(8)	(9)		
12-09 2) DATE	1/2-10 ·	LOCATION Where Expenses Were Incurred	LODGING	Break- fast	Lunch	O.T., LT, N/C, Reio. or Dinner	INCIDEN- TALS	(A) Cost of Trans,	(B) Type Used	(C) Carfare, Tolls, Parking	Priv Miles	(D) rate Car Use  Amount	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
			T :	<u> </u>		<u> </u>	1	T	T	1 Juning	inited	Amount		FORBAT	
<u>12/14</u>	0900	Sacramento		<u> </u>					PC	10.00	3	1.65		\$11.65	
12/15	1330	Sacramento							PC	10.00	3	1.65		\$11.65	
12/22	1100	Sacramento							PC	10.00	3	1.65		\$11.65	
1/7	1700	Sacramento							PC	10.00	3	150		//,50 \$11.65	
1/19	1500	Sacramento							PC	10.00	3	150		//,50 \$11.85~	
1/20	0800	Sacramento							PC :	18.00	3	150		19.50	
1/21	0900	Sacramento							PC	6.00	3	150		750 \$7.65	
				-											
							·								
												10.00		84.95	
COL	UMN C	ODE (ACCTG, USE ONLY)								74.00	21	10.95		07.73 \$85.55	
CLAIM TOTAL												. \$	84.95		
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)												(12) NORMAL WORK HOURS			
												0800-1700			
2-14 - 12-15 -12-22 - Meetings at agency - lost parking receipts											•	(13) PRIVATE VEHICLE LICENSE #			
-7 - 1-19 - Meetings at agency - lost parking receipts											- -	(14) MILEAGE RATE CLAIMED 0.53			
-				* * <u>*</u>				*	· ·		•	0.55			
		on at Convention Center  Governor's office						* .			- :	AGENCY ACCOUNTING OFFICE USE ONLY			
-21 - Meeting at Governor's office  15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.											PAID BY REVOLVING FUND CHECK NUMBER				
LAIMA >			)	DATE	0/10	(16)		4 ( .	III TERA	ATT AND DA	YMENT		DATE 10	10	
17) SP	CAL EXPE	NSE AUTHORIZATION - SIGNATURE AND T	TTLE 9 (See Ite	em 17 on n	everse)			are -				<del>.</del>	DATÉ /		